

UNITED STATES DISTRICT COURT  
DISTRICT OF PUERTO RICO

In re: THE FINANCIAL OVERSIGHT AND MANAGEMENT  
BOARD FOR PUERTO RICO, AS REPRESENTATIVE OF  
THE COMMONWEALTH OF PUERTO RICO

Debtor

HERMANDAD DE EMPLEADOS DEL FONDO DEL  
SEGURO DEL ESTADO, INC.; UNIÓN DE MÉDICOS DE  
LA CORPORACIÓN DEL FONDO DEL SEGURO DEL  
ESTADO CORP.

Plaintiffs

v.

COMMONWEALTH OF PUERTO RICO; THE FINANCIAL  
OVERSIGHT AND MANAGEMENT BOARD FOR PUERTO  
RICO; STATE INSURANCE FUND CORPORATION; JESÚS  
M. RODRÍGUEZ ROSA; RICARDO ANTONIO ROSSELLÓ  
NEVARES; GERARDO PORTELA FRANCO; HON. RAÚL  
MALDONADO GAUTIER; JOSÉ IVÁN MARRERO  
ROSADO; NATALIE A. JARESKO

Defendants

Case No. 17 BK-3283-LTS  
(Jointly Administered)

Chapter PROMESA Title III

Adv. Proc. No. 18- \_\_\_\_-LTS

**SUMMONS IN AN ADVERSARY PROCEEDING**

**To:** Financial Oversight and Management Board for Puerto Rico  
Edificio World Plaza, A2 Piso 11  
268 Avenida Muñoz Rivera  
San Juan, PR 00918

YOU ARE SUMMONED and required to file a motion or answer to the complaint which is attached to this summons with the clerk of the district court within 30 days after the date of issuance of this summons, except that the United States and its officers and agencies shall file a motion or answer to the complaint within 35 days. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Rolando Emmanuelli Jiménez  
PO Box 10779  
Ponce, PR 00732

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

If you fail to respond to this summons, your failure will be deemed to be your consent to entry of a judgment by the district court and judgment by default may be taken against you for the relief demanded in the complaint.

FRANCES RIOS DE MORAN, ESQ.  
CLERK OF COURT

Date:

\_\_\_\_\_  
Signature of Clerk or Deputy Clerk

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_ (name), certify that service of this summons and a copy of the complaint was made \_\_\_\_\_ (date) by:

- ☐ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- ☐ Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
- ☐ Publication: The defendant was served as follows: [Describe briefly]
- ☐ State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_, as follows: [Describe briefly]

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_